

**Predoctoral Internship
Training Program
2006–2007**



TABLE OF CONTENTS

PREFACE.....	3
GENERAL INFORMATION.....	4
Hospital Community	4
Patient Population	4
MENTAL HEALTH SERVICE.....	4
PSYCHOLOGY INTERNSHIP TRAINING PROGRAM	5
General Description and Philosophy of raining.....	5
Cultural & Individual Differences and Diversity.....	6
Competency Objectives	6
Post-Doctoral Training Opportunities	6
Selection of Intern Schedules	6
Rotations.....	7
Neuropsychology and Psychological Assessment Program	7
Substance Abuse Outpatient (SAOP) Clinic	8
Pain Management Group.....	8
Psychology PRIME Program	9
Health Psychology	9
Psychiatric Intensive Care Unit (PICU)	9
General Psychiatric Outpatient Service (GPOS) & POSAP	10
Substance Use/PTSD Team (SUPT)	10
Posttraumatic Stress Disorder Clinical Team (PCT).....	10
Geriatrics and Extended Care.....	11
Long-Term Psychotherapy.....	12
Process Psychotherapy Seminar.....	12
Family Therapy	12
Time Limited Dynamic Psychotherapy.....	12
Psychosis Support Group	12
Other Training Opportunities	13
APPLICATION AND SELECTION.....	13
APPENDIX A Supervising Mental Health Service Staff.....	15
APPENDIX B Psychology Intern Seminar	19
APPENDIX D Recent Intern Schedules.....	23
APPENDIX E Other Seminars	24
APPENDIX F Map.....	25
APPENDIX G Competencies	26
APPENDIX H Specific Goals Statement.....	32
APPENDIX I Application Checklist.....	33



Department of Veterans Affairs
Medical Center
4150 Clement Street
San Francisco CA 94121

In Reply Refer To: 116B

Predoctoral Psychology Internship Applicant
San Francisco VA Medical Center

Dear Prospective Applicant:

Thank you for your interest in the Predoctoral Psychology Internship Training Program at the San Francisco VA Medical Center. The internship class for which you are applying will begin July 1, 2006. Three stipended slots will be available, at a rate of \$19,000 annually. Selection will be through the national APPIC Match. Enclosed find a copy of our brochure, a Specific Goals Statement Form (Appendix H) and Application Checklist (Appendix I).

Please read the brochure in order to acquaint yourself with the training offered at our site. You must be a US citizen currently enrolled in an APA-approved clinical or counseling psychology program in order to apply. To apply, please send the APPI minus Section 2, item 4 ("How do you envision our internship site..."). Instead complete the Specific Goals Statement essay for SFVAMC. Include three letters of recommendation, graduate transcripts, and three self-addressed mailing labels. The AAPI itself can be found on the APPIC website, at www.appic.org. This website also provides updated Match policies and information.

For questions about the status of your file and for other administrative/technical questions, please call my program assistant, Ms. Gloria Patel at (415) 750-2004. If you would like to speak with me about substantive questions relating to the internship, please leave telephone numbers and times that I can return your call.

Sincerely,

Russell Lemle, Ph.D.
Chief Psychologist and
Director of Psychology Training

Associate Clinical Professor of Psychiatry
UCSF School of Medicine

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RL: gp 8/5/2005

GENERAL INFORMATION

Hospital Community

The San Francisco VA Medical Center, or "Fort Miley" as it is known to native San Franciscans, is a nationally known teaching hospital in one of the most cosmopolitan cities in the world. Located on a hill 7 miles from downtown San Francisco, the hospital overlooks the Pacific Ocean to the west and the Golden Gate to the north. The grounds cover approximately 30 acres and include 23 buildings. (See map in Appendix F.)

Each year the VA Medical Center provides basic and primary inpatient care for over 40,000 veterans and over 350,000 visits are made to 45 outpatient clinics. The Medical Center provides diagnostic and treatment services in a number of specialty areas including neurological diseases, cardiology, cancer chemotherapy, renal dialysis, and open heart surgery.

Through major affiliations with the Schools of Medicine, Nursing, Dentistry and Pharmacy of the University of California San Francisco, and a number of other institutions, the medical center conducts formal, integrated educational programs at the undergraduate, graduate, house staff, and fellowship levels. Each year more than 1500 students are trained in 60 professional and allied health academic programs.

The Medical Center is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations for its general medical and surgical programs as well as its psychiatry and substance abuse programs. It is approved by the American Medical Association for the training of medical students and residents in all of the major specialties and subspecialties, the Council of Teaching Hospitals of the Association of American Medical Colleges, and the West Bay Hospital Conference.

Patient Population:

The San Francisco VA Medical Center serves a predominantly male population ranging in age from 18 to 90+ years. The two largest age cohorts are the World War II/Korean Conflict veterans, most of whom are 65 to 90 years old, and the Vietnam Era veterans who are now in their fifties. Persian Gulf, Afghanistan and Iraq veterans have also been receiving health care in the VA system. All racial/ethnic groups are represented. Patients span the spectrum of socioeconomic classes but most can be characterized as working class. As might be anticipated given the location in San Francisco, a significant number of gay/homosexual clients are treated.

In addition to medical-surgical problems, this VA population of patients (and their spouses or other family members) can require psychological evaluation and treatment for a variety of problems in living, serious emotional or cognitive difficulties, chronic or acute medical conditions which affect psychological and social coping, substance abuse, stress response syndrome, neurological disease or impairment, marital/family dysfunction, or vocational readjustment.

MENTAL HEALTH SERVICE

In 1997, separate Psychiatry and Psychology Services were merged within an integrated Mental Health Service. The Chief Psychologist and Director of Psychology Training have full authority over the Psychology training program. The internship rotations involve placements in mental health programs under the primary supervision of licensed psychologists. Ten psychologists participate as supervisors for the internship, as well as psychiatrists and social workers on particular rotations. All supervising psychologists have clinical faculty appointments in the Department of Psychiatry (Langley Porter Psychiatric Institute), University of California San Francisco Medical School. (Brief biographies of the supervising staff are included in Appendix A.)

PSYCHOLOGY INTERNSHIP TRAINING PROGRAM

General Description and Philosophy of Training

The Psychology Predoctoral Internship Training Program at the San Francisco, VA Medical Center is fully accredited by the American Psychological Association. We only accept predoctoral students from APA-approved clinical or counseling programs who are U.S. citizens. We anticipate three stipended (\$19,000 plus benefits) intern slots. The training year is from July 1 to June 30.

The San Francisco VA Medical Center Psychology Internship does not offer specialty training in Counseling Psychology. We do, however, accept qualified students from APA-approved counseling programs who are interested in and who qualify for a general clinical internship.

A cornerstone of our training philosophy is an emphasis on breadth while also allowing for individual interests. In our view, a major strength of our training program is in its ability to provide interns with an overall breadth of training without sacrificing the quality, meaningfulness or depth provided in each individual rotation. Interns can expect to obtain a well-rounded yet thorough exposure to experiences that are basic to the practice of clinical psychology. Past interns frequently have given us feedback about how useful this type of training experience was to them in preparing for real-world careers and/or advanced training. This generalized training is reflected both in the variety of training assignments provided and in the range of theoretical orientations among the psychology staff, (which include dynamic, cognitive, behavioral, systems and existential approaches). And while generalist in nature, the internship allows for the option (if desired) of focusing on a particular population, for example trauma, addictions, geriatrics, seriously mentally ill, neuropsychology, behavioral medicine or family/group therapy.

Another focus and, we believe, strength of our program is in the relatively "integrative" theoretical atmosphere that exists here. Our emphasis is on interns gaining basic conceptual tools for thinking through the implications of varying conceptual perspectives. They are not likely to find themselves in a bind between staff members who are theoretically hostile toward each other. This allows interns a fertile atmosphere for evolving their own independent views.

Most of our staff have active scholarly or research interests and activities. The atmosphere in our setting definitely encourages the image of a clinical psychologist as a Scholar-Practitioner who values and engages in academic/research endeavors. When there is intern interest, there is ample opportunity for discussing research issues on an individual basis with staff or in the context of the Intern Seminar. Occasionally, an intern may be allowed to participate in staff studies or to formulate a new mini-project with a staff member. However, as a general rule, it is our view that one year is hardly enough time for interns to achieve their own desired clinical goals for their internship. From this perspective we view it as unrealistic to set up expectations that large blocks of time can be set aside during a one-year internship specifically for research activities.

A major goal of the training program is to encourage and to promote open communication, ample feedback, and the freedom to explore the issues involved in becoming a professional psychologist (e.g. professional identity, ethics, interface with colleagues from other disciplines, etc.). Consistent with our overall philosophy, we also expect interns to be open to self-exploration of counter-transference and other personal reactions that manifest in contact with patients. These issues are most typically broached in supervision.

As part of the training experience, every intern participates in a weekly one-hour seminar designed for the exploration of professional, clinical, and training issues with fellow interns and staff. (See Appendix B for a listing of some past Psychology Intern Seminar topics.)

We are fortunate to have a special pot of money available for interns to attend or present at professional conferences. Each intern is allocated \$500 yearly for this purpose.

Several rotations (e.g. Substance Abuse, PTSD, Geropsych, Psych Inpatient) provide the opportunity to work closely with staff and trainees from a multitude of disciplines. Also, a few seminars (e.g. Time Limited Dynamic

Psychotherapy, Substance Abuse, Family Therapy) have a significant number of psychiatry resident students. As a VA intern, you are permitted to train up to six hours weekly at off campus sites for which we have formal agreements. In the past, interns have rotated on the Adolescent Unit at UCSF, although we are able to arrange a variety of other possibilities (e.g. the Asian American Outpatient Clinic at UCSF).

Cultural & Individual Differences and Diversity

The patient population at the San Francisco VA Medical Center reflects the rich diversity mix of the San Francisco Bay Area with respect to racial/ethnic groups, religious affiliations, sexual orientations, and socioeconomic statuses. The San Francisco VA Medical Center serves, for example, significant numbers of “minority” veterans, including African Americans, Latino/Hispanics, Asian Americans, gay/lesbian-identified, and transgender individuals. Reflecting an increased effort to serve female veterans, the San Francisco VA Medical Center has an active Women’s Health Program. Moreover, in recognition of the key role families play in the lives of veterans, the San Francisco VA Medical Center provides services to spouses, partners, and children of patients through the Couple’s/Family Program and the Spouse/Partners’ Support Programs.

In our efforts to train culturally aware and competent psychologists, our program integrates diversity-focused training in the forms of clinical supervision, didactic seminars, and clinical case conferences. Our program faculty has expertise working with patients from various racial/ethnic groups, sexual/gender orientations, religious affiliations, and age groups.

Furthermore, the psychology program has instituted a monthly clinical case conference series, which focuses on cultural assessments in mental health by utilizing the DSM-IV Outline for Cultural Formulation. Ongoing training needs as they relate to cultural competence and diversity are also addressed in an active Diversity Workgroup, with members representing all levels of psychology at the SFVA, including senior faculty, junior faculty, postdoctoral fellows, and interns. This workgroup has been instrumental in integrating ongoing diversity trainings to both faculty and trainees in our mission to provide a professional atmosphere that respects diversity and cultural competence.

Competency Objectives

We believe that a major goal of professional training as a clinical psychologist is to develop core competencies. Eight general competencies are summarized and operationalized in Appendix G. In response to APA’s increasing emphasis on setting, measuring and objectifying criteria for acquisition of these skills, a particular Training Plan is constructed for each trainee at the beginning of each clinical rotation and Trainee Evaluations track successful mastery of each competency area.

To successfully complete our internship, an intern’s final set of rotation evaluations should all be rated as “competent.”

Post-Doctoral Training Opportunities

The San Francisco VA Medical Center has been awarded two funded (\$40,000 plus benefits per stipend annually) post-doctoral psychology fellowships with emphasis in PTSD and Substance Abuse. Predoctoral interns are welcome to apply for these slots, providing the potential for two sequential years of training in professional psychology.

Selection of Intern Schedules

The training program is organized, with some variations, into two six-month semesters. Three rotations are required.

Neuropsychology/Assessment is a year long, 12/hrs/week commitment. Our reasoning to require it is thus: Sustained exposure to current practices and empirical data related to clinical neuropsychology during the internship provides a strong foundation for a bio-psycho-social perspective in clinical consultation across a range of clinics,

requests from many different teams and for patients with a broad range of presenting problems. Clinical conceptualization, methodical inquiry using a broad range of assessment techniques, hypothesis testing, and collaborative feedback/consultation are the typical sequence. Neuropsychology is a field that is strongly tied to the rapid advances in clinical neuroscience that are altering our perspective on a range of issues related to the practice of clinical psychology. A year long exposure permits interns with a generalist background to gain greater knowledge of the strengths and limitations of psychological and neuropsychological evaluation strategies.

Substance Abuse is a half-year five-hour weekly requirement (offered both in the Fall and Spring) in which the intern functions as a member of Drug and Alcohol Team (DAT) or the Opioid Replacement Team (ORT). Included is a weekly one hour didactic substance abuse seminar series. Psychologists entering practice in every health care setting treat patients with substance abuse disorders. The empirical literature demonstrates significant rates of co-occurring substance use disorders among populations with mood and anxiety disorders. Our program requires training in assessment, treatment, and multidisciplinary consultation for complex patients with co-occurring substance use disorders and Axis I & Axis II psychiatric disorders.

We require interns to lead a Pain Management Group two hours per week for six months. Many of the clients seen by professional psychologists in a variety of treatment settings suffer from chronic pain. These patients often have psychiatric diagnoses including PTSD and major depression, histories of substance abuse, and/or problems with prescription pain (e.g. opioid) medication abuse or dependence. We feel that leading this group is an invaluable opportunity for interns to gain some exposure to work within the burgeoning field of behavioral medicine. Given how often patients seeking psychological treatment also have medical problems that may exacerbate psychological symptoms or complaints, understanding the ways that chronic pain and mental health intersect and affect each other is essential for the development of a responsible generalist practitioner. Leading this group is also an opportunity to work in an interdisciplinary setting, understanding and addressing links between brain, body and behavior.

The rest of the interns' training experiences are determined by their particular interests and needs. Rotations may be divided into "major" and "minor" electives. Trainees select assignments totaling a 40-50 hour per week time commitment. We make every effort to maximize the opportunity for each intern to choose rotations of his or her choice, consistent with prior experience and relative deficiencies, constraints of ongoing commitments to certain training sites, and the desires of the other interns. We have been able to achieve this aim in almost all instances.

Rotation selection takes place at the end of Orientation Week (the first week of training). This Orientation Week allows trainees to meet the staff and to receive specific information about each rotation before making commitments for the year. Appendix D contains the schedules of some recent interns.

Rotations:

I. Neuropsychology and Psychological Assessment Program (12 hours) Johannes Rothlind, Ph.D.

The Neuropsychology and Psychological Assessment Program provides neuropsychological and personality assessment to inpatients and outpatients upon referral. Patients with known or suspected neuropsychiatric disorders are evaluated to assist in differential diagnosis, assess level of functioning, track recovery/deterioration, and evaluate efficacy of treatment interventions. Consultation is provided to aid in patient management and treatment/rehabilitation planning. Counseling and psychoeducational interventions with brain-impaired patients and their loved ones are provided to promote recovery and to facilitate adaptation to losses.

Training in assessment includes didactic training as well as supervised experience in neuropsychological and psychodiagnostic evaluation. The training program extends year-long (two rotations) and requires participation in two weekly seminars/case conferences (1.5-2.5 hours per week), rotation through the multidisciplinary Memory Disorders Clinic as well as weekly individual supervision.

Seminar topics include: basic neuroanatomy, neuropsychological assessment strategies; projective testing, assessment of personality and psychosocial functioning; review of current literature concerning brain-behavior relationships; case formulation; differential diagnosis; treatment and consultation issues; and report-writing. Interns may also elect to attend brain cuttings and relevant neurology and psychiatry grand rounds as time permits.

The didactic training and the case supervision are designed to enhance skills and to provide further experience in the areas of neuropsychological assessment, personality evaluation, and behavioral consultation. Interns provide clinical assessment services under the supervision of the program director.

II. Substance Abuse Outpatient Program (SAOP) Clinic (5+ hours)

Patrick Reilly, Ph.D.
Yong Song, Ph.D.
Joan Zweben, Ph.D.

Interns can select either or both teams from the SAOP Clinic:

Drug and Alcohol Treatment (DAT): The DAT Team is a multidisciplinary outpatient substance abuse clinic that focuses on patients with a variety of substance use disorders. The clinic provides comprehensive treatment services that address substance abuse and dependence, psychiatric disorders, behavioral problems, and psychosocial needs such as homelessness. The primary goal of treatment is the facilitation of a drug and alcohol free lifestyle. Group therapy is the primary mode of treatment, although individual therapy is also provided. Attendance at community-based 12-step meetings, such as Alcoholics Anonymous or Narcotics Anonymous, is strongly recommended. The DAT Team is staffed by a clinical psychologist, psychiatrist, social worker, and two addiction therapists. The DAT Team rotation is supervised by Patrick Reilly, Ph.D.

Opioid Replacement Treatment (ORT): The ORT Team is a multidisciplinary outpatient substance abuse clinic that focuses on patients with primary opioid dependence. The ORT Team is staffed by a Clinical Psychologist, Psychiatrist, Addiction Therapists, and Nurses, and provides interdisciplinary treatment for opioid dependence (primarily heroin). The integrated clinical services of the ORT include pharmacotherapy in the form of opioid agonist medication (e.g., methadone & buprenorphine) to treat the physiological components of heroin dependence integrated with comprehensive psychosocial treatments (individual counseling and group psychotherapy) to address the behavioral and psychosocial components of addiction. The ORT Team rotation is an active training clinic with ongoing psychology extern and postdoctoral fellows rotating through the clinical program. Psychology trainees are supervised by Yong Song, PhD.

In both rotations, interns engage in and receive weekly individual supervision by Drs. Reilly or Song in patient evaluations, group psychotherapy, cognitive-behavioral therapy, and didactic instruction to enhance understanding of diagnosis and treatment of patients with substance use disorders. Furthermore, all interns will attend a weekly substance abuse seminar series led by Dr. John Straznickas, where trainees will receive a comprehensive didactic series on substance abuse assessment and treatment. This seminar series is also attended by UCSF Psychiatry residents (PGY-2) who rotate through the VAMC.

Examples of clinical opportunities include co-facilitation of Phase I (i.e., early recovery focus), Phase II (i.e., focus on maintaining abstinence) or Mixed Phase groups, anger management groups, long-term process-oriented psychotherapy groups, initial patient evaluations, and participation in interdisciplinary team clinical meetings. In addition, interns are welcome to participate in the optional weekly Substance Abuse Fellow seminar, a clinical & research seminar co-led by Drs. Joan Zweben and Peter Banys for professional staff (staff psychiatrists and psychologists) and trainee (psychology fellows and psychiatry residents/fellows) development

III. Pain Management Group (2 hours) Timothy Carmody, Ph.D.

All interns are required to lead a Pain Management Group for six months. This is a 2-hour requirement that included one hour for group, on-half hour for supervision/debriefing, and on-half hour for medical record documentation. Anesthesia pain fellows are also involved with this group, attending group sessions and supervision/debriefing meetings. For those interns who choose to take the PRIME and/or Health electives, this training requirement is included in those rotations.

IV. Psychology PRIME Program (6-20 hours) Timothy Carmody, Ph.D.
Kewchang Lee, M.D.

The Psychology PRIME Program is a six-month rotation and is closely linked to the Health Psychology Program and is part of the inter-disciplinary Primary Care Education Program for Medical Residents and Associated Health Trainees (PRIME). Interns can choose to take either a minor or major rotation in Psychology PRIME, with the commitment ranging from 6 to 15 hours per week. The overall PRIME Program has been organized by the General Internal Medicine Section of the Medical Service of the SFVAMC and the Department of Medicine at the University of California, San Francisco (UCSF), in cooperation with teaching programs in clinical psychology, psychiatry, social work, pharmacy, physical therapy and optometry based at the SFVAMC. The overall goals of the PRIME Program are to foster the development of primary care training and to provide education in comprehensive, interdisciplinary team care in the primary care setting.

Consistent with our broad-based training philosophy, the goal of the PRIME rotation is to train interns how to function effectively in interdisciplinary medical settings which require broad-based clinical skills. On the PRIME rotation, interns carry out psychological consultations and brief interventions in a wide range of clinical areas, including health psychology, pain management, differential diagnosis, brief individual and group psychotherapy, stress management, differential diagnosis, brief individual and group psychotherapy, stress management, and personality assessment. They contribute to the training of primary care medical residents in the area of mental health and receive training in medical illnesses and interdisciplinary systems issues. Interns provide services directly in the primary care clinic staffed by the PRIME medical residents and participate actively on the interdisciplinary mental health and pain consultation teams. They also conduct brief individual therapy and co-lead groups focusing on pain management and adjustment to medical illness in the Health Psychology Clinic. Finally, interns attend a one-hour PRIME/Health Psychology seminar and case conference each week. Seminar topics include chronic pain, biofeedback, adjustment to medical illness, management of diabetes, hypnosis in medical settings, evidence-based psychological interventions in behavioral medicine, mindfulness and CBT, treatment of nicotine dependence, and stress management.

V. Health Psychology (6-15 hours) Timothy Carmody, Ph.D.

The Health Psychology Program is a six-month rotation during which interns provide psychological consultation and treatment services directly to medical and surgical patients and co-lead group interventions for patients with chronic pain and chronic medical illness. The Health Psychology Program is closely linked to the Psychology PRIME program. Interns can choose to take either a minor or major rotation in Health Psychology, with the time commitment ranging from 6 to 15 hours per week. Patients are referred to the Health Psychology Clinic from the Primary Care Mental Health Clinic, Pain Clinic, and several other ambulatory care clinics, including cardiology, general internal medicine, hypertension, neurology, pulmonary medicine, rheumatology, metabolism, neurosurgery, and orthopedic medicine. Interns receive training in brief individual and group psychotherapy, participate on the interdisciplinary pain consultation team, and learn how to conduct biofeedback therapy and hypnosis interventions designed to assist patients in managing stress and chronic pain. Finally, interns attend a one-hour PRIME/Health Psychology seminar and case conference. Seminar topics include chronic pain, biofeedback, adjustment to medical illness, management of diabetes, hypnosis in medical settings, evidence-based psychological interventions in behavioral medicine, mindfulness and CBT, treatment of nicotine dependence, and stress management.

VI. Psychiatric Intensive Care Unit (PICU) (20 hours) Joshua Israel, M.D.

This rotation is on an acute care, co-ed general psychiatry locked ward. The length of stay for patients is usually one to two weeks, but may be longer. A variety of disorders is represented, including schizophrenia, affective disorders, borderline personality disorder, anxiety disorders, organic syndromes, post-traumatic stress disorder and severe substance abuse syndromes. The intern is a member of a multidisciplinary team consisting of nurses, social workers and psychiatrist. The unit is an active teaching unit, with nursing and medical students, in addition to the psychology intern. In general, the intern will be primary therapist for one to two inpatients at any given time, and will be involved in intake interviewing, including a detailed history and mental status exam, developing and carrying out a treatment plan, coordinating discharge planning, and writing the discharge summary. The intern may perform some

formal psychological/neuropsychological assessment batteries with patients of interest. The intern spends three to six months on the locked unit. This rotation gives the intern in-depth training in the assessment and treatment of severe psychopathology utilizing a variety of modalities (individual, group, family, milieu and pharmacological therapies), and also training in multidisciplinary treatment-team functioning and the systems dynamics of inpatient units and modern hospital care. Supervision is provided by an attending psychiatrist.

VII. General Psychiatric Outpatient Services (GPOS) (6-10 hrs.) & POSAP (5 hrs.) Jennifer Ritscher, Ph.D.
John Devine, M.D.
Nick Kanas, M.D.

GPOS offers evaluation and treatment for patients with a broad spectrum of psychiatric illnesses, including affective disorders, schizophrenia and other psychotic disorder, personality disorders, adjustment reactions, and organic mental disorders. The psychology intern can work within the setting of a multi-disciplinary evaluation and treatment team, and receive comprehensive training in diagnostic assessments, development of treatment plans and in conducting appropriate psychological treatment. Treatment modalities utilized include individual psychotherapy, (psychodynamic, supportive and cognitive-behavioral approaches), group psychotherapy, day treatment and psychopharmacology clinics. Participation can occur, depending upon the intern's specific interests, within a particular specialty program in GPOS. These include a Woman's Program, HIV Program, Transpersonal Program, and Affective Disorders Clinic. Weekly supervision is provided in addition to participation in team meetings and case conferences.

The Psychiatric Outpatient Services AIDS Program (POSAP) experience within GPOS provides an opportunity to learn about diagnostic evaluation and psychological/psychiatric treatment issues with patients infected with HIV.

VIII. Substance Use/PTSD Team (SUPT) (4-10 hours) John Straznickas, M.D.
Psychologist position currently being recruited
Nancy Odell, LCSW

This is a six-month or year-long rotation in which the intern receives clinical and didactic training in assessment and treatment with veterans suffering from the dual problems of post-traumatic stress disorder and addictive disorders. These are common and important co-morbidities encountered in veteran and non-veteran populations. The co-complicating natures of the two disorders is such that over time, addiction interferes with amelioration of the trauma disorder and the trauma disorder in turn discourages seeking or obtaining recovery from addiction. The intern will learn techniques to work with these populations in a phase-oriented program which emphasizes group treatment, psychoeducational modalities (anger management; PTSD symptom management; relapse prevention and individual psychotherapy and case-management). The intern will work with a multidisciplinary. The trainee will be exposed to the latest uses of group therapy, cognitive-behavioral techniques, psychopharmacological and cognitive/psychodynamic techniques that help traumatized people become abstinent from substance use in order to begin the stabilization of chronic PTSD, mood, anxiety, psychotic and personality disorders. An important feature of this rotation is the opportunity to co-lead a weekly SUPT group. Supervision on this team is provided by the postdoctoral fellows and the team psychiatrist. There is a weekly multidisciplinary team meeting and a didactic seminar during which trainees have the opportunity for case presentations.

IX. Posttraumatic Stress Disorder Clinical Team (PCT) (8 hours) Victoria Tichenor, Ph.D.
Keith Armstrong, LCSW
Frank Schoenfeld, M.D.

The Clinic: The PTSD rotation is a six month commitment with the option to continue for a year with a long term individual and/or group psychotherapy if taken in the first rotation. The PCT functions in an interdisciplinary team format. The team provides particular opportunity to interface with psychiatrists on staff and in residency training. Consultation regarding biological sequelae of PTSD is emphasized. The clinic serves veterans diagnosed with PTSD as a result of combat or sexual assault sustained during military service. Our goal in training is for the intern

to come away with an in depth understanding of the far reaching sequelae of trauma upon an individual's biology and relationship with self, other and world.

Intern role:

- Evaluation and formulation of treatment plans for veterans referred to PCT
- Individual psychotherapy
- Participation in extensive group therapy program

Supervision:

- One hour weekly with Ph.D. psychologist
- One half hour following each group meeting
- Weekly hour long assessment team meeting with psychologist and psychiatrist staff and trainees (psychology fellows and interns, psychiatry residents and psychology externs)

Didactic:

- One hour weekly covering
 - Clinical issues
 - Biology
 - Theory
 - Research
 - Case presentations by trainees

X. Geriatrics and Extended Care Rotation (5-10 hours) Michael Drexler, Ph.D.

Training in the Geriatrics and Extended Care (GEC) Line at SFVA includes involvement at the Nursing Home Care Unit (NHCU) and Home Based Primary Care Program (HBPC). The ethnically and culturally diverse veteran population served by the interdisciplinary teams in these programs present with a wide range of neuropsychological conditions and psychological problems, often interacting with the physical difficulties that require extended care and/or rehabilitation. Among the neuropsychological conditions are head injuries, strokes (CVA's), dementia, multiple sclerosis, amyotrophic lateral sclerosis, to name a few. Many of those served have histories of major depression, anxiety disorders (including PTSD), and adjustment disorders are also common reasons for psychological intervention. A variety of physical problems are seen including such things as recent amputation, spinal cord injury, severe COPD, and others. Trainees also can become involved in palliative (hospice) services. Patients presentations in NHCU and HBPC are similar, though those maintained in home based care are generally physically healthier.

Interns can select minor (5 hrs/wk) or major (10 hrs/wk) rotations. An important component of the experience is the opportunity to work directly with all members of the interdisciplinary treatment team. Team differ somewhat from other rotations in that the primary focus is on physical illness and rehabilitation rather than specifically psychiatric, yet affording the trainee considerable room for input from a psychological perspective. The overlapping interdisciplinary teams that trainees work with in the NHCU and HBPC include medicine, nursing, psychology, neuropsychology, occupational therapy, physical therapy, nutrition services, activity/recreation therapy, chaplaincy services, and others as needed. Interdisciplinary teams meet weekly to discuss patient issues, and trainees are expected to attend and provide feedback and suggestions directly to the team.

The experience involves a combination of psychological therapy/intervention, assessment, and consultation. Therapy/intervention often involves dealing with issues related to adjustment, depression, chronic pain, and interpersonal functioning. End of life issues may become a focus, especially with those in palliative (hospice) care. Behavioral case management may involve evaluation and consultation to team about approaching various individuals with problematic behavior such as non-adherence, confusion, and environmental manipulation to address behavioral issues and cognitive loss. Neuropsychological and psychological assessment will often involve complex

questions related to such issues as capacity for decision making, differential diagnosis, treatment compliance, and so forth. Assessment differs from the general Neuropsychological/Psychological Assessment rotation in choice of assessment procedures utilized and in that patients are in a skilled nursing and rehabilitation facility and/or are seen as home.

Weekly supervision and a didactic seminar are provided, with additional supervision as needed.

XI. Long-Term Psychotherapy (2 hours weekly) Russell Lemle, Ph.D.

Interns can engage in year-long psychotherapy with a selected patient. Weekly supervision is from an existential/process perspective. Videotapes of sessions are attentively reviewed together. Cases are drawn from a wide spectrum of presenting problems.

XII. Process Psychotherapy Seminar (1 hour weekly) Russell Lemle, Ph.D.

Interns may elect to attend a weekly one-hour seminar that delves the core of psychotherapy. It is run for the entire year. The seminar covers three topics: (1) Reviewing videotapes of actual psychotherapies, starting with the work of existential psychologist James Bugental, Ph.D., the mechanisms of psychotherapy process are dissected at a micro level. The pluses and minuses of various techniques are discussed. (2) Moving outward from #1 above, larger issues about the nature of psychotherapy are considered. (3) It is inevitable in conducting psychotherapy, and in being in this field, that emotional and personal reactions arise. The seminar takes time to explore and share these reactions in a supportive context.

XIII. Family Therapy (4-6 hours) Keith Armstrong, LCSW
Victoria Tichenor, Ph.D.

The Family Therapy Clinic offers training in Family Therapy from a systems perspective. Interns treat 2 families, participate in one and a half hour weekly didactic and receive 1 hour weekly supervision. Cases are videotaped and tapes are used in both individual and group supervision. Interns are part of a multidisciplinary team and offer consultation to peers through group case discussion as well as participation on Reflecting Teams. This training may be taken as a component of the PTSD rotation or as an independent minor rotation.

XIV. Time Limited Dynamic Psychotherapy (4 hours) Victoria Tichenor, Ph.D.
John Devine, M.D.
Marc Jacobs, M.D.

Using Hanna Levenson, Ph.D.'s model of TLDP (developed at SFVAMC); interns carry one individual psychotherapy patient in weekly therapy. Cases are formulated in the format of cyclical maladaptive patterns. Issues of alliance, defense, transference, counter transference and termination are significant foci. The therapy and supervision are process centered. Group supervision as well as didactic sessions weekly (with second year psychiatry residents) co-led by Victoria Tichenor, Ph.D., John Devine, M.D. and Marc Jacobs, M.D. Interns/residents present their videotaped sessions in group supervision. Trainees serve as consultants for one another. No previous psychodynamic experience required. This is a six month rotation.

XV. Psychosis Support Group – (1 hour) - Jennifer Ritsher, Ph.D.
Nick Kanas, M.D.

This weekly outpatient psychotherapy group meets for 45 minutes and is for veterans with schizophrenia or related psychotic disorders. Supervision occurs immediately after the group for 15 minutes, making the entire commitment 1 hour per week for a 6-month rotation. Co-therapy is available either with Jennifer Ritsher, PhD or Nick Kanas, MD. There may also be a psychiatry resident trainee as well. The group uses Kanas' model as outlined in his book, Group Therapy for Schizophrenic Patients. The model is eclectic and includes elements of cognitive behavior therapy as well as psychosocial rehabilitation and recovery orientations. We focus on coping with symptoms such as

hallucinations and delusions as well as the stress, stigma, and relationship issues often associated with these disorders

Other Training Opportunities

Psychological Services staff members are involved in a variety of research studies. Trainees may participate in these studies or formulate a new mini-project with a staff member.

APPLICATION AND SELECTION

Only citizens of the United States who are enrolled in an APA-approved predoctoral or counseling program are eligible for a VA internship. **It is understood that individuals who come to our predoctoral internship agree not to count hours spent in this internship as postdoctoral hours when applying for licensure.**

The final **deadline** for receipt of the completed application forms and all supporting materials is closed of business **NOVEMBER 1ST**. Please read the brochure carefully in order to acquaint yourself with the training offered at our site. To apply, please send the AAPI minus Section 2, item 5 ("How do you envision our internship site..."). Instead of this section of the AAPI, complete the Specific Goals Statement essay for SFVAMC (see Appendix H). Include three (3) letters of recommendation, graduate transcripts, and three (3) self-addressed mailing labels. The AAPI itself can be found on the APPIC website, at www.appic.org. Also posted on the APPIC website are the updated policies for the national match for psychology training.

We normally interview about 30 applicants for our three positions. We will make a decision about accepting a particular individual for interview as quickly as possible after all his or her application materials have been received. We will then communicate this decision by phone or e-mail so that on-site interviews can be scheduled. For applicants whom are accepted to interview but who cannot afford or arrange for an on-site visit, we will consider arranging telephone interviews. Please be advised that applicants who have had on-site interviews have had greater success in matching our internship in the past.

Interviews will consist of meetings the Director of Training and other members of Psychological Services staff as well as with present interns and fellows. Interviews will be scheduled from mid December and mid January. Interview slots are limited, but where possible we will attempt to honor your preferences and travel arrangements.

Completed application packets are reviewed by the Psychological Services Training Committee (which includes an intern representative) and by other staff members, interns and fellows. Ratings are based on the applicant's academic work and accomplishments, breadth and quality of previous clinical training, match between our training program and the applicant's needs and interests, letters of recommendation, and personal qualities of the applicant (maturity, ethics, responsibility, etc.). Final rank orderings are determined by the Director of Training with the Training Committee.

Selection procedures follow the national computer match guidelines established by The Association of Psychology Postdoctoral and Internship Centers (APPIC). Our internship program is an APPIC member. APPIC policies require that you request a registration package, which includes an Applicant Agreement form and other information about the APPIC match. You may request the registration package at the APPIC website: www.natmatch.com/psychint/.

Because we are a Department of Veterans Affairs Medical Center, interns who match with our program may be subject to pre-employment and post-employment urine testing for illicit drug use.

The San Francisco VAMC is an Affirmative Action/Equal Opportunity Employer.

Completed applications should be sent to:

Russell Lemle, Ph.D.
Director of Psychology Training
Psychological Services (116B)
Mental Health Service
SFVA Medical Center
4150 Clement Street
San Francisco, CA 94121-1598

APPENDIX A Supervising Mental Health Service Staff

Keith R. Armstrong, L.C.S.W. is the Director of the Family Therapy Clinic, the social workers in mental health service and is a Clinical Professor of Psychiatry at the University of California, San Francisco. He is also a member of the Posttraumatic Stress Disorder Clinical Team. Prior to his 16 years of outpatient work at the VA he was the inpatient social worker for the VA's Psychiatric Inpatient Unit. He received his masters degree in Social Work from University of California, Berkeley in 1984. He is author of clinical and research articles and chapters addressing the treatment of traumatized individuals and families. He is in the process of co-authoring a self-help book for returning Iraq and Afghanistan veterans and their families. In 2005 he was given his 4th excellence in teaching award by the University of California Psychiatry Residents Association. In 2005 he also won the Excellence in Direct Teaching Award by the Haile Debas Academy of Medical Student Educators. He also maintains a private practice in the Bay Area.

Timothy P. Carmody, Ph.D. is Director of the Health Psychology Program and Psychology PRIME Programs. He is a Clinical Professor in the Department of Psychiatry, UCSF, and has been a member of the Psychological Services staff since 1985. Dr. Carmody received his doctorate in clinical psychology from the University of Montana in 1977. For eight years, he was a faculty member in the Department of Medical Psychology at the Oregon Health Sciences University. His professional interests include nicotine dependence, chronic pain, behavioral factors in the prevention and treatment of coronary heart disease, stress/anxiety management, biofeedback, and obesity/weight control. He is affiliated with the Department of Psychiatry's Treatment Research Center in which he directs a clinical trial on tobacco use cessation in alcohol-dependent smokers. He has published in a variety of areas in behavioral medicine including smoking cessation, coronary risk factors, pain management, dietary management of hyperlipidemia, coronary-prone behavior, and medical adherence. He is section editor on a recently published book entitled: Obesity Assessment: Tools, Methods, Interpretations. Dr. Carmody has been the recipient of a Research Career Development Award from the National Heart, Lung, and Blood Institute (NHLBI) and he has served on several ad hoc grant review committees for NHLBI. His research has been funded through the VA HSR&D Program and the University of California Tobacco-Related Diseases Research Program. He serves as an editorial consultant to several professional journals and also serves on the VA's National Technical Advisory Group for tobacco use cessation.

John Devine, M.D., is the Director of the General Psychiatry Outpatient Services and is an Assistant Clinical Professor, Department of Psychiatry, University of California, San Francisco. He is an Associate Director of the UCSF Psychiatry Residency Training Program and oversees the training activities at the SFGVAMC for residents in psychiatry. Dr. Devine received his medical degree from the University of Vermont in 1988, and completed his internship and residency in psychiatry at the University of California, San Francisco in 1992. He served as Chief Resident in Psychiatry at the SFGVAMC from 1992-93, and has since worked as a staff psychiatrist in the outpatient services. His interest include psychiatric education, psychodynamic psychotherapy, group psychotherapy, treatment issues related to affective disorders and the psychiatric issues of patients with HIV infection. Dr. Devine's most recent publication has been a chapter on psychotherapy of patients with HIV infection in a book entitled: The UCSF AIDS Health Project Guide to Counseling: Perspectives on Psychotherapy, Prevention and Therapeutic Practice.

Michael L. Drexler, Ph.D **Michael L. Drexler, Ph.D.** is the Geropsychologist and Geriatric Neuropsychologist in the Geriatrics and Extended Care Line at the San Francisco VA Medical Center. His time is spent largely in the Nursing Home Care Unit and Home Based Primary Care, with additional hours in areas such as Geriatrics Clinic. Prior to coming to the VA, he worked for 10 years at Laguna Honda Hospital and Rehabilitation Center in San Francisco, one of the largest skilled nursing and subacute rehabilitation facilities of its kind, where he served as Director of the Neuropsychology Service, Program Director of Psychosocial Units, and Psychosocial Coordinator of the Dementia Cluster. Dr. Drexler has worked as the consulting psychologist/neuropsychologist for Geriatric Services of San Francisco, Garfield Geropsychiatric Hospital in Oakland, Morton Bakar Geropsychiatric Center in Hayward, and Letterman Army Medical Center in San Francisco. He is adjunct professor at the California School of Professional Psychology of Alliant University, Berkeley/Alameda, is Assistant Clinical Professor at UCSF, and is Instructor in Geropsychology and Neuropsychology at UC Berkeley Extension. Dr. Drexler is a Fellow of the National Academy of Neuropsychology, and his service to that organization has included being Chair of the Education Committee. He is a Past President of the Northern California Neuropsychology Forum. He received his doctorate from the California School of Professional Psychology (Alliant International University), Berkeley, in 1988.

Joshua Israel, M.D. is Director of the Psychiatric Intensive Care Unit and is an Assistant Clinical Professor, Department of Psychiatry, University of California, San Francisco. Dr. Israel received his medical degree from the University of Massachusetts 1995, and completed his residency in psychiatry at Massachusetts General Hospital in 1999. Dr. Israel was a clinical fellow at Harvard University from 1995-1999. He completed a UCSF fellowship in Consultation-Liaison Psychiatry at the San Francisco VA in 2000. From 2000-2001 he was an attending psychiatrist on the Inpatient Psychiatric Unit at the California-Pacific Medical Center in San Francisco where he was also a staff physician on the electroconvulsive therapy service. He worked as a staff psychiatrist at the San Francisco VA since 2001. Dr. Israel's interests include psychopharmacology of mood and thought disorders, attention deficit disorder and medical education. Dr. Israel's most recent publication has been a chapter on somatic therapies for depression in *The Massachusetts General Hospital Psychiatry Update and Board Preparation Guide*.

Kewchang Lee, M.D. Dr. Lee is Director of the Psychiatry Consultation Unit at the SF-VAMC and Assistant Clinical Professor of Psychiatry at the UCSF School of Medicine. He is actively involved in clinical and teaching activities, focusing on consultation-liaison psychiatry and mental health issues in the primary care setting. He founded the Fellowship in Consultation-Liaison Psychiatry at the SF-VAMC in 1999, and has published several chapters in psychiatry, internal medicine, and geriatric medicine texts. Dr. Lee was educated at Harvard University, and received his MD at New York University in 1992. He was trained in the psychiatry residency program at UCSF.

Russell Lemle, Ph.D. is Chief Psychologist and Psychology Training Director, Mental Health Service and Associate Clinical Professor, UCSF Medical School, Department of Psychiatry. He obtained his doctorate from SUNY at Buffalo in 1979. He completed his predoctoral internship at UCLA Neuropsychiatric Institute in 1978 and his postdoctoral fellowship in Family Therapy at Langley Porter Psychiatric Institute. Between 1984 and 1993, he was Chief of the SFVAMC Outpatient Alcohol Clinic, during which period he authored clinical articles on alcohol treatment and etiology. Since 1992, he has been the Chief Psychologist. Other areas of professional interest and teaching include counter-transference, couples and group therapy. Dr. Lemle is on the Planning Committee of the yearly national VA Psychology Leadership Conference and trainees are encouraged to attend the conference. In 2005, he received an APA Presidential Citation for his significant contributions to national VA Psychology issues. Dr. Lemle is a Fellow in the APA Division 18 (2004).

Nancy Odell, L.C.S.W. is a clinical social worker on the Substance Use/ Posttraumatic Stress Team (SUPT) and an Assistant Clinical Professor at UCSF Medical School, Department of Psychiatry. She received her graduate degree in Clinical Social Work from Boston College and worked at the National Center for Posttraumatic Stress Disorders prior to working at the San Francisco VA Medical Center. She provides group psychotherapy supervision for psychiatry residents and coordinates the SUPT Clinical Training Seminar. Ms. Odell participated in an inter-cultural exchange in the Republic of Vietnam. She traveled to Vietnam and met with various mental health professionals, university and government officials to exchange clinical and treatment information on Posttraumatic Stress Disorder and substance abuse disorders. She participated as a psychotherapist in a nationwide three-year study investigating group therapy treatment of Posttraumatic Stress Disorder. She has specific training in Control Mastery and her orientation is cognitive/behavioral and psychodynamic.

Patrick M. Reilly, Ph.D. is a staff psychologist at the Santa Rosa VA Community Based Outpatient Clinic and the San Francisco VAMC, and Professor of Clinical Psychiatry at the University of California, San Francisco. He received his doctorate in counseling psychology from Stanford University in 1989, where he was an American Psychological Association Minority Fellow. His professional interests include substance abuse treatment, anger management, and the treatment of violent behavior. He currently has administrative, clinical, and teaching duties at both the Santa Rosa VA and the San Francisco VAMC. He has completed research studies with the San Francisco Treatment Research Center and the San Francisco VAMC on group treatment of anger management for drug treatment patients, and is currently a co-investigator on a PTSD and anger management study at the Honolulu VAMC. He has also served as a co-investigator on cocaine treatment studies and 180-day methadone detoxification protocols. He has received several awards including the 2003 Apex Award for publication excellence for his cognitive-behavioral anger management treatment manual; the American Psychological Association, Division 18, VA Section, Outstanding Administrator Award for 2002; and the 1999 Interdisciplinary Achievement Award by the Langley Porter Psychiatric Institute Alumni-Faculty Association at UCSF. His publications include "Anger Management for Substance Abuse and Mental Health Patients: A Cognitive-Behavioral Therapy Manual" through the Center for Substance Abuse Treatment, SAMHSA, "Anger Management Group Treatment for Cocaine

Dependence: Preliminary Outcomes” in the American Journal of Drug and Alcohol Abuse, “Self-Efficacy and Illicit Opioid Use in a 180-Day Methadone Detoxification Treatment” in the Journal of Consulting and Clinical Psychology, and “Anger Management and Temper Control: Critical Components of Posttraumatic Stress Disorder and Substance Abuse Treatment” in the Journal of Psychoactive Drugs.

Jennifer B. Ritsher, Ph.D. is a psychologist on the General Psychiatric Outpatient Services (GPOS) team at the San Francisco VA and an Assistant Adjunct Professor of Psychiatry at the University of California, San Francisco. Dr. Ritsher received her PhD in Clinical/Community Psychology at the University of Maryland (1997) and completed a three-year postdoctoral fellowship in psychiatric epidemiology at Columbia University in 2000. Her research investigates the influence of sociocultural factors on psychopathology, such as the cross-cultural validity of psychological measures, and the effect of internalized stigma on the course of severe mental illness. Recent papers include “Hearing voices: Explanations and implications,” “Internalized stigma of mental illness: Psychometric properties of a new measure,” “Internal validity of an anxiety disorder screening instrument across five ethnic groups,” “Differences in patterns of mood states among Russian and American space station crews” “Association of Rorschach and MMPI psychosis indicators and schizophrenia spectrum diagnoses in a Russian clinical sample” and “Integrating qualitative and quantitative approaches in the study of psychopathology across cultures.” Dr. Ritsher is a board member of Stamp Out Stigma (a local speakers bureau and advocacy group) and a board member of the Interprofessional Fellowship Program in Psychosocial Rehabilitation at the Palo Alto VA. In clinical work, Dr. Ritsher uses the recovery model of psychosocial rehabilitation.

Johannes C. Rothlind, Ph.D. is Director of the Neuropsychology and Psychological Assessment Program. He obtained his doctorate in clinical psychology from the University of Oregon in 1990, and he completed a two-year postdoctoral fellowship in clinical neuropsychology research at the Johns Hopkins University School of Medicine in 1992. Before joining the VAMC, he worked for three years as the Director of Neuropsychology and Assistant Professor of Psychiatry at the University of Maryland School of Medicine in the Department of Psychiatry. He is currently an Assistant Adjunct Professor at the UCSF Medical School. Dr. Rothlind’s professional interests include neuropsychological assessment of higher intellectual capacities including attention, working memory, “executive” functions, language, visuospatial processing and memory. Specific clinical interests include evaluation and consultation regarding disorders of insight and self-awareness and to improve psychosocial adaptation in the context of neuropsychological disability.” Current research interests include investigation of neuropsychological outcomes of neurosurgery for Parkinson’s disease, and memory disturbances in PTSD

Frank Schoenfeld, M.D. Dr. Frank Schoenfeld has devoted his 34-year career, as a psychiatrist in government service, to the treatment of combat-related stress disorders. Dr. Schoenfeld is the Director of the Posttraumatic Stress Disorder Program at the San Francisco Department of Veterans Affairs (DVA) Medical Center. He is a member of the Department of Veterans Affairs Undersecretary for Health’s Special Committee on PTSD, tasked with charting the future direction of services for the nation’s veterans with PTSD. Dr. Schoenfeld is also Clinical Professor of Psychiatry at the University of California School of Medicine, San Francisco, where he excels as a teacher of advanced principals of pharmacology for chronic mental disorders. Dr. Schoenfeld was instrumental in designing a four-stage treatment model for chronic complex PTSD that has influenced ambulatory care of veterans nationwide. Under his clinical leadership the San Francisco PTSD Program has grown to become one of the nation’s largest outpatient programs for veterans with PTSD and is one of two programs recognized by the DVA as a Clinical Program of Excellence. Dr. Schoenfeld was honored by the San Francisco Bay Area Federal Executive Board as the Federal Employee of the Year in the professional category in 2000.

Yong S. Song, Ph.D. is a staff psychologist in the Opioid Replacement Team (ORT) of the Substance Abuse Outpatient Clinic (SAOPC) and Assistant Clinical Professor in the Department of Psychiatry at UCSF School of Medicine. In the ORT clinic, Dr. Song supervises the delivery of psychosocial care and provides direct clinical services to patients with primary opioid dependence. Dr. Song is a graduate of the predoctoral internship program at the San Francisco VA Medical Center (1997-1998). Dr. Song subsequently received his PhD in Clinical Psychology from Virginia Commonwealth University, and completed a NIDA-funded NRSA postdoctoral fellowship in Drug Abuse Treatment Research at UCSF. Prior to joining the faculty at the San Francisco VA Medical Center in 2004, Dr. Song served on the faculty of the UCSF-Langley Porter Psychiatric Institute’s Clinical Psychology Training Program (CPTP) while he served as the Program Director for the Opiate Treatment Outpatient Program at San Francisco General Hospital. Dr. Song’s current research interests include improving health promotion behaviors among substance users in treatment, particularly patients with infectious diseases (e.g., HIV, HCV). Currently, he is

participating as the site PI for a NIDA/CTN-funded multi-site randomized trial testing a behavioral intervention to reduce HIV-risk behaviors among men in drug treatment.

Victoria Tichenor, Ph.D., is the Director of Training and the coordinator for individual therapies in the PCT. Dr. Tichenor is one of the founders of the Family Therapy and women's clinical services components of the PTSD Program. Dr. Tichenor received her Ph.D. in Counseling Psychology at the University of Maryland (1989), and is currently is an Assistant Clinical Professor of Psychiatry at the UCSF. She has been a member of the PCT staff since 1989. She has published articles on the relationship of peritraumatic dissociation and PTSD in female Vietnam Theater veterans therapeutic alliance on psychotherapy process.

Joan Zweben, Ph.D. obtained her doctorate in 1971 from the University of Michigan. She is part time staff psychologist at the VA where she supervises trainees in issues related to the treatment of addiction. Dr. Zweben is a Clinical Professor in the Department of Psychiatry, UCSF Medical Center. Dr. Zweben is an APA Fellow in the Addiction Division since 1997. She is also Director of the Fourteenth Street Clinic and East Bay Community Recovery Project in Oakland, an outpatient drug program with psychological and medical services. Dr. Zweben is widely known as a consultant in the area of drug and alcohol treatment. She has numerous publications and is on the editorial board of the Journal of Psychoactive Drugs. She does consulting and training in a wide range of drug and alcohol treatment modalities.

APPENDIX B

PSYCHOLOGY INTERN SEMINAR

Open to all trainees and staff

Bldg 8, Room 4

July 2004-June 2005

July

- | | | |
|----|-------------------------------------|--|
| 5 | National Holiday | |
| 12 | Check in – agenda development | Russell Lemle, Ph.D. |
| 19 | Medical Charting | Michael Drexler, Ph.D. |
| 26 | Issues and Procedures for Licensure | Garnette Cotton, Ph.D. &
Ginger Rhodes, Ph.D. |

August

- | | | |
|----|-----------------------------|------------------------|
| 2 | Psychopharmacology part I | Frank Schoenfeld, M.D. |
| 9 | Psychopharmacology part II | Frank Schoenfeld, M.D. |
| 16 | Psychopharmacology part III | Frank Schoenfeld, M.D. |
| 23 | Check in | |

September

- | | | |
|-----|--|-----------------------|
| 3 | BiPolar Disorders (Psych Grand Rounds) | Nick Rosenlicht, M.D. |
| 6 | Holiday | |
| 13* | DSM IV Outline for Cultural Formulation | Francis Lu, M.D. |
| 20* | DSM IV Outline for Cultural Formulation part 2 | Francis Lu, M.D. |
| 27* | Overview of Forensic Psychology | Mark Zaslav, Ph.D. |

October

- | | | |
|-----|--|---|
| 4 | Check in/ Rotation feedback | |
| 11 | Federal Holiday | |
| 18* | Adaptation of CBT Treatment for Chronic,
Severe Combat Related PTSD | Charles Marmar, M.D. &
Shannon McCaslin, Ph.D. |

- (this two part presentation will be in room 313, Building 8)
- | | | |
|-----|--|--|
| 25* | Adaptation of CBT Treatment for Chronic, Severe Combat Related PTSD, part II | Charles Marmar, M.D. & Shannon McCaslin, Ph.D. |
|-----|--|--|

November

- | | | |
|----|--|--|
| 1 | Group Therapy – Irv Yalom, M.D. Video | Russell Lemle, Ph.D. |
| 8* | Understanding patient preferences for cancer treatment | Sara Knight, Ph.D. |
| 15 | Check in | |
| 22 | Group Therapy – Irv Yalom, M.D. Video II | Russell Lemle, Ph.D. |
| 29 | Clinical Postdocs | Laura Wald, Ph.D. and Dawn Lawhon, Ph.D. |

December

- | | | |
|----|---|--------------------------|
| 6 | Cultural Issues in Assessment and Therapy | Jennifer Ritscher, Ph.D. |
| 13 | Patients’ Beliefs about the Causes of their Presenting Problems: Clinical Implications and Construct Measurement. | Brian Dahmen, M.A. |
| 20 | No Seminar | |
| 27 | End of rotation feedback/check in | Russell Lemle, Ph.D. |

January 05

- | | | |
|----------------------|---|----------------------|
| 3* | Assessment and Clinical Considerations with Gay, Lesbian and Bisexual Populations | Stacey Hart, Ph.D. |
| 10* | Assessment and Clinical Considerations with Gay, Lesbian and Bisexual Populations, II | Stacey Hart, Ph.D. |
| 12,19,26 (and Feb 2) | Substance Abuse course | Palo Alto VAMC |
| 17 | Holiday | |
| 24 | Suicide-by-Firearm and the Clinical Assessment of Firearm Access | Glenn Sullivan, M.S. |
| 31 | Starting a Private Practice | Russell Lemle, Ph.D. |

February

7	Starting a Private Practice	Russell Lemle, Ph.D.
14	Check in	
21	Holiday	
28	Anger Management	Patrick Reilly, Ph.D.

March

7	Clinical Supervision	Dawn Lawhon, Ph.D.
14	Patients' Beliefs about the Causes of their Presenting Problems: Clinical Implications and Construct Measurement (Part II, case examples)	Brian Dahmen, M.A.
21	Ethics/Boundaries	Russell Lemle, Ph.D.
28	Ethics/Boundaries II	Russell Lemle, Ph.D.

April

4	rescheduled	
11	Empirically Validated Treatments	Russell Lemle, Ph.D.
18	Job Search information	Yong Song, Ph.D.
25	rescheduled	

May

2	rescheduled	
9	Women Veterans	Dawn Lawhon, Ph.D.
16	Grant Writing	David Mohr, Ph.D. and Sara Knight, Ph.D.
23	Integrating 12 step programs with psychotherapy	David Wasserman, Ph.D.
30	Holiday	

June

6	Women Veterans II	Dawn Lawhon, Ph.D.
13	not scheduled	
20	not scheduled	
27	2 ½ hour luncheon with Russell to give feedback on entire internship	

APPENDIX D Recent Intern Schedules

Fall Semester

Intern A:

PRIME	15
Neuropsych/Assessment	12
Brief Therapy	5
Psych. Outpatient Service Aids Program	6
Intern Sem & Long-term Therapy	3
Alcohol Group	<u>2</u>
Total = 43 hours	

Intern B:

Family Therapy	5
Acute Psychiatry Services	18
Neuropsych/Assessment	12
Substance Abuse Outpatient	5
Intern Sem	<u>1</u>
Total = 41 hours	

Intern C:

PRIME	15
Neuropsych/Assessment	12
Brief Therapy	5
PCT	10
Intern Sem & Long-term Therapy	<u>3</u>
Total = 45 hours	

Intern D:

Acute Psychiatry Services	18
Neuropsych/Assessment	12
SUPT	8
Intern Sem & Long-term Therapy	<u>3</u>
Total = 41 hours	

Spring Semester

Geropsych	8
PCT	10
Neuropsych/Assessment	12
Substance Abuse Outpatient Program	10
Intern Sem & Long-term Therapy	<u>3</u>
Total = 43 hours	

PRIME	15
Neuropsych/Assessment	12
Health	5
POSAP	4
Psychiatric Outpatient Services	8
Intern Sem	<u>1</u>
Total = 45 hours	

Anger Management	2
Acute Psychiatry Services	18
Neuropsych/Assessment	12
SUPT	4
ORT Group	4
Intern Sem & Long-term Therapy	<u>3</u>
Total = 43 hours	

PRIME	15
Neuropsych/Assessment & Memory Clinic	16
Brief Therapy	5
Health	5
Intern Sem & Long-term Therapy	<u>3</u>
Total = 44 hours	

APPENDIX E Other Seminars

A PARTIAL LISTING OF OTHER SERVICE SEMINARS OPEN TO PSYCHOLOGY INTERNS

Advanced Psychotherapy Seminar with Dr. Mardi Horowitz
(at Langley Porter Psychiatric Institute)

UCSF Department of Psychiatry Grand Rounds
(at Langley Porter Psychiatric Institute)

Substance Abuse Seminar

Substance Abuse Grand Rounds

Continuing Care Division Clinical Conference

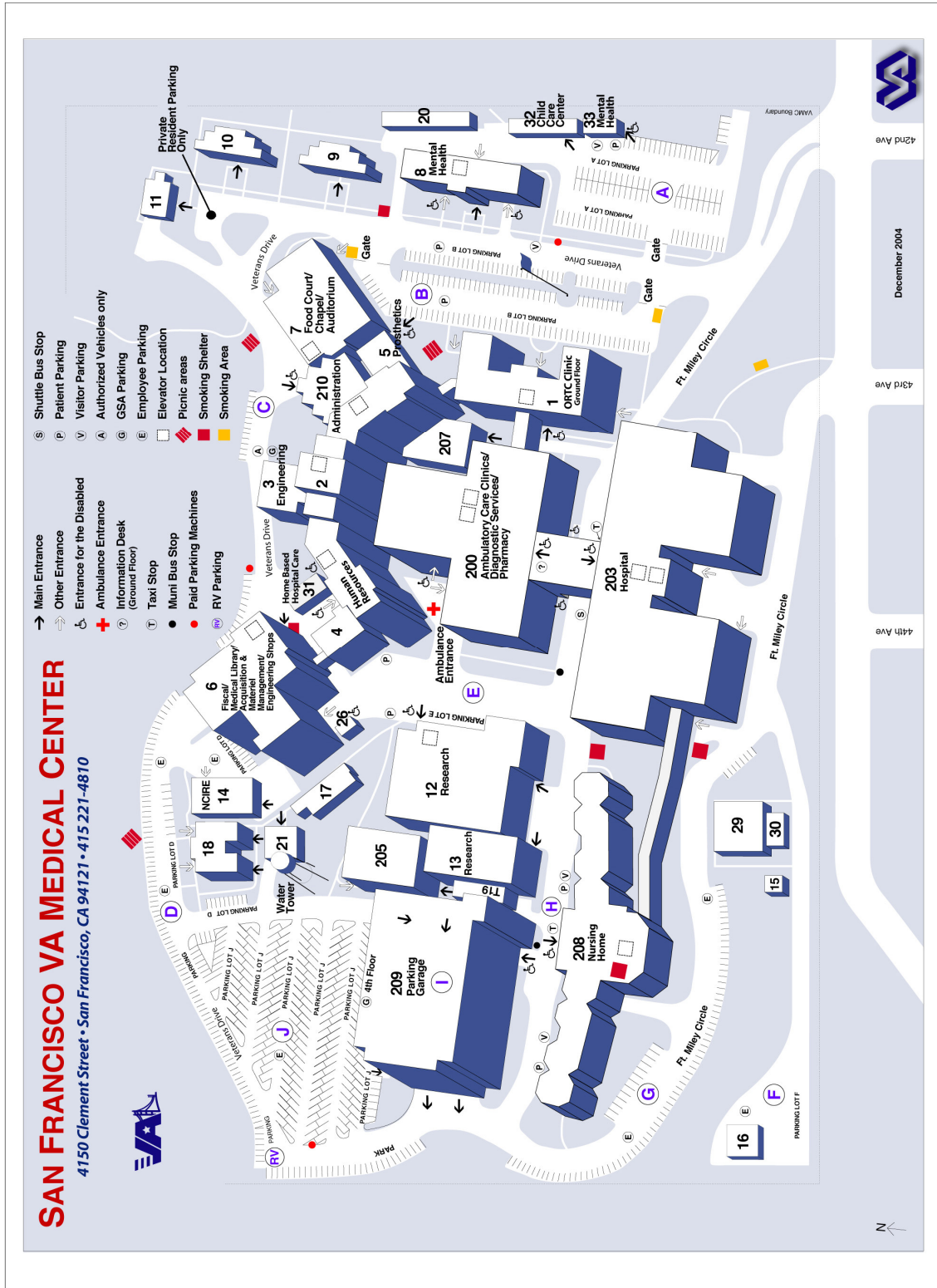
Neuroradiology Conference

Neuropathology Conference

Neurology-Neurosurgery Teaching Conference

Neurosurgery Multidisciplinary Case Conference

APPENDIX F Map



APPENDIX G (COMPETENCIES)

Psychology Predoctoral Internship Training Program San Francisco VAMC

End of Rotation Supervisor's Evaluation of Intern

Intern: _____

Supervisor: _____

Training Setting: _____

Date: _____

Rotation (circle): First Second

Please review the Exit Competencies in the attached document, all of which should be relevant in most training settings, and rate each according to the scale provided. In addition, you must complete your own site-specific competency rating form.

Please discuss all of these ratings with the intern. In the feedback, it is important to give specific examples of what you think the intern does well as well as concerns you have. Please use the feedback session to discuss what the intern might emphasize in his/her continued training. After you have reviewed all feedback with the intern, please sign at the end of this form and return all of the materials to the Director of Training **before** the end of the 6th month of the rotation.

Please indicate below what modalities you have used to obtain information for making your evaluations. Check off all that are applicable:

- _____ Interns self-report of interview/therapy sessions
- _____ Audiotape review of interview/therapy sessions
- _____ Videotape review of interview/therapy sessions
- _____ Direct, live observation of interview/therapy sessions
- _____ Individual supervision sessions
- _____ Group supervision sessions
- _____ Observation during team meetings
- _____ Co-therapy conducted by intern and supervisor
- _____ Review of written evaluations, care plans, progress notes and consultations
- _____ Consultation with team members/other staff
- _____ Oral case presentations to team
- _____ Observation during seminars
- _____ Behavioral measures from interventions
- _____ Other: _____

GENERAL TRAINING OBJECTIVES ACROSS SITES

1. To pass a rotation, interns must have ratings on every item (except as discussed below in point 2) of “Intern has developed competency in this area” by the end of the rotation. To obtain that rating, within at least the last month of the rotation, the intern should consistently display the specific quality in every clinical area and/or know when he/she needs to consult.
2. There may be settings where some of these general skills will not be relevant or there may not be enough information to rate some items (e.g., knowledge of California and Federal laws). In such cases, please use the last column (“Inadequate opportunity to rate...”). Such ratings will not be held against interns in considering whether they have passed a rotation.

	Intern having difficulty in this area	Intern has developed competency in this area	Inadequate opportunity to assess, but no problem noted
<u>GENERAL CLINICAL SKILLS:</u>			
Demonstrates appropriate empathy and elicits cooperation from patients.			
Attends to the process and content of a patient’s interpersonal interactions.			
Attends to and responds effectively to a patient’s thoughts, actions, and feelings.			
Understands problems and/or diagnostic categories that guide appropriate assessment and/or treatment strategies.			
Considers what additional information should be gathered after initial contact.			
Intern's formulation of problems and goals is used to inform both treatment plans and expectations for treatment.			
Communicates effectively with patients, their families, and other care providers, covering a range of topics from simple information sharing to more complex clinical conceptualization.			
<u>SENSITIVITY TO DIVERSITY:</u>			
Has knowledge of cultural and other diversity issues and of how these affect needs in the clinical setting.			
Incorporates such knowledge into the theoretical/conceptual framework guiding assessment and treatment planning in the clinical setting.			

	Intern having difficulty in this area	Intern has developed competency in this area	Inadequate opportunity to assess, but no problem noted
Implements effective clinical strategies with patients different from self in diverse ways in the clinical setting.			
Is aware of personal emotional reactions to diversity, understands those reactions and their impact and takes action to reduce the tendency to be biased.			
<u>DIAGNOSIS:</u>			
Understands differential diagnosis using a system appropriate to the setting.			
Modifies diagnosis as necessary when new information is available.			
<u>CRISIS MANAGEMENT:</u>			
Can conduct a lethality assessment and knows actions to take when confronted with a patient who is a danger to self or others.			
<u>ETHICAL/LEGAL:</u>			
Shows sensitivity to ethical issues in clinical practice and seeks consultation as needed.			
Knows and, if necessary, acts according to specific procedures for reporting child, elder, and/or spousal abuse as well as for Tarasoff situations.			
Shows familiarity with California and Federal laws with respect to the practice of psychology as applicable in the setting.			
<u>TEAM FUNCTIONING AND CONSULTATION:</u>			
Understands the structure of teams to which intern belongs or with which intern consults at assigned training sites.			
Can identify different team members' roles, including the psychology intern's role and function			
Forms collaborative professional relationships and presents psychological issues to non-psychologist staff.			
Contributes to the team in each relevant training site, such as communicating important information about patients, being sensitive to the needs of other team members and responding appropriately, and/or using skills as a psychologist to facilitate team functioning.			

	Intern having difficulty in this area	Intern has developed competency in this area	Inadequate opportunity to assess, but no problem noted
<u>RESEARCH INTEGRATION:</u>			
Uses knowledge of current theoretical and empirical literature to inform decisions regarding treatment planning and delivery.			
Articulates a personal theoretical or conceptual perspective that is comprehensive and flexible, or the components of a developing conceptual perspective, and demonstrates understanding of a scientist-practitioner approach within that perspective.			
<u>PROFESSIONALISM:</u>			
Demonstrates professional responsibility: e.g., is on time for appointments, produces written evaluations, assessments, and process notes in a timely fashion, is prepared for supervision, follows program procedures, and is self-directed and able to function independently within the scope of competence.			
Shows emotional maturity in professional contexts by tolerating ambiguity and anxiety and considering the views of others, even in charged situations.			
Accurately evaluates level of competency and considers own limitations when working with patients; knows when own level of expertise is exceeded; seeks appropriate consultation when needed.			
Demonstrates an openness to self-exploration of counter-transference and other personal reactions that manifest in contact with patients.			
Demonstrates knowledge of self and the impact of self on the conduct of therapy			
Manifests interest in professional psychology organizations.			

Comment about any of the above rating areas and/or other aspects of the intern's performance.

Trainee's main strengths:

Areas to improve (even if the intern is rated as fully competent):

I have reviewed the above evaluation material with (intern's name) _____ on
(date) _____, including the general and site-specific competencies. We have discussed the intern's strengths
and any areas of expected improvements

Supervisor
date

date

Intern

RL:gp 6/2004

APPENDIX H

<u>Specific Goals Statement – San Francisco VA Medical Center Predoctoral Psychology Internship</u>
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Please answer the following in 500 words or less. Please note that this essay is meant to be used in place of Section 2, item 5 on the AAPI:

Upon familiarizing yourself with our internship as outlined in the enclosed brochure, please discuss your goals for the internship. Be specific (e.g., particular interests, deficiencies in past training, etc.) regarding the types of clinical experiences you are seeking. Also describe your current career goals (including what professional settings and activities you see yourself being involved in). Finally, please state why you think our internship program might be a good fit for you, both in terms of your internship goals and your career aspirations.

APPENDIX I

APPLICATION CHECKLIST

**San Francisco VA Medical Center
Predoctoral Psychology Internship Training Program
(APA Approved)**

- 1.____ APPIC Application for Psychology Internship (AAPI - minus Section 2, item 5)
- 2.____ Specific Goals Statement for San Francisco VA Medical Center
- 3.____ Curriculum Vitae
- 4.____ Three letters of recommendation
- 5.____ Graduate Transcripts
- 6.____ Three self-addressed mailing labels (postcards or envelopes are not acceptable)

Mail Application Materials to: **Russell Lemle, Ph.D.**
 Director of Psychology Training, Mental Health (116B)
 VA Medical Center
 4150 Clement Street
 San Francisco, CA 94121-1598

Questions regarding application should be directed to **Ms. Gloria Patel at (415) 750-2004**